

# Emergency Medical Services Commission

Dept. of Public Health & Social Services  
123 Chalan Kareta  
Mangilao, GUAM 96913-6304

## CHECKLIST: Application for Certification/Reciprocation

Please V one: ☐ EMD ☐ EMR ☐ EMT ☐ AEMT ☐ ALS ☐ EMT-P

NAME: \_\_\_\_\_ APP DATE: \_\_\_\_\_  
Last Name First Name Middle Name Meeting Date: \_\_\_\_\_

1. \_\_\_\_ Application 'Notarized' (Form EMS 2013/09: 001NR):
  - At least 18 years of age ☐ YES ☐ NO
  - Be a High-School Graduate ☐ YES ☐ NO
2. \_\_\_\_ Police Clearance 'GPD', original Seal (not more than 2 months from application date)
3. \_\_\_\_ Court Clearance 'Superior Court of Guam', original Seal (not more than 2 months from application date)  
NOTE: If less than 2 months in Guam, Submit an OFF-ISLAND Police and Court Clearances 'Original Seal' (not more than 2 months from application date)
4. \_\_\_\_ Police/Court additional documents (judgment, justification, dismissal, probations, etc)
5. \_\_\_\_ Current Color ID photo (Guam Driver's License OR U.S. Passport = one 2x2 passport photo within last 3 months from Application date) (Sign and date 2/black or blue ink, or photo right 'front' vertical)
6. \_\_\_\_ 1 Letter of Reference (Company's Original Letterhead) from EMT Supervisor/Agency, etc. (current OR last EMT job), Ref: EMT moral character (not more than 2 years from application date)
7. \_\_\_\_ Original Valid Current 'Certification/License card'
8. \_\_\_\_ Current Certificate of 'Course Completion'
9. \_\_\_\_ License/Certification VERIFICATION (Form EMS: 2013/09\_\_\_\_)  
\*\*\*For NREMT: Print-out On-Line 'Candidate Status' ([www.nremt.org](http://www.nremt.org))
10. \_\_\_\_ Notarized affidavit of the applicant's 'Change of Name'
11. NA Application Fee

EMD/EMR/EMT: \_\_\_\_ 1) Valid Current Driver's License (operator/chauffeur)  
\_\_\_\_ 2) Valid Current CPR/BLS w/AED

AEMT/ALS/Paramedic: \_\_\_\_ 1) Valid Current Guam Driver's License (chauffer)  
\_\_\_\_ 2) Valid Current CPR/BLS 2/AED and ACLS

**VOTING SHEET..... BACK-SIDE**

**COMMISSION ACTION**

MEMBER NAME	SIGNATURE	APPROVED	DISAPPROVED	COMMENTS
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